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AUTHOR	Krebethe, William F.
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ABSTRACT

The primary goal of the migrant health project in San Patricio County, Texas was to establish out-patient family health care for migrant and seasonal farmworkers. Several accomplishments were made. By using a physician assistant, the clinic was able to add an additional work without the necessity of extending their hours. The dental services have been expanded to a 3-day week. A cardiac clinic is held once a month for migrant parents and children. These patients are given a chest X-ray, a complete physical, and a developmental history, followed up with electrocardiograms. A surgical clinic is also held once a month by a pediatric surgeon. A weekly foot clinic is held by a podiatrist. A new additional health service is the optometric consultant for patients requiring glasses. In social services, an additional nun, who specializes in child guidance, was added. Inclusion of other physicians within the county who treat patients in their own offices has relieved some of the transportation burden. The exciting accomplishment was the addition of hospitalization. Other services provided are an obstetrical clinic, ambulance services, and the registration and issuing of cards to attract migrants to the clinic. (FF)

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ANNUAL MEDICAL REPORT

OF

THE COASTAL BEND MIGRANT COUNCIL

HEALTH PROJECT

SAN PATRICIO MIGRANT HEALTH CENTER

300 WEST DR. LOGAN

MATHIS, TEXAS 78363

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1973 - 1974

by

William F. Krebethe, D. O.

RC007775

The primary goal of the migrant health project has been to establish a family health care center for out-patient care delivery to migrant and seasonal farmworkers. As we approach the end of year 04 we feel truly, that this has been a year of accomplishment of our goals. We are not only seeing improved health status of the individual patient but also an increase in numbers of new patients being enrolled in the program.

This year we have attempted a new means of delivering care with the addition of a physician assistant to the clinic. The physician assistant, we feel, is a necessary adjunct to the delivery of our type of out-patient health care service. Using the physician assistant as a mechanism to screen out the more serious cases has provided a great deal of additional time for me to spend with the more seriously ill patient. We have been able to add an additional work load at the clinic without the necessity of extending the clinic hours.

The dental services this year have been expanded to a 3 day week. We found this necessary because of the increased patient load and also because of the necessity for follow-ups and the

enrollment of new patients. We have been able to refer patients to dentists in Corpus Christi for extended procedures that we are not able to perform here at the clinic. We feel, however, that eventually we should be able to expand our dental clinics to a full 5 day week. The work load is there and this is a necessary part of the delivery of health care. We would like to employ a full time dentist for this purpose.

This year also saw the addition of the Cardiac Clinic that is heald once a month by Dr. James Simpson from Driscoll Hospital in Corpus Christi, Texas. He brigns with him his pediatric resident in cardiac surgery and his own physician assistant who screens the patient that he is to see. These patients are given a chest x-ray and a complete physical and a developmental history. They are followed up with electrocardiograms which are interpreted by the cardiac surgeon. He also brings with him an anthropologist who is studing the reason for the observations that we make with these young people and the tremendous amount of functional heart mumurs found in our particular population.

In our 4th year we have seen the beginning of a Surgical clinic that is being held once a month by a pediatric surgeon from Corpus Christi, Dr. Bruce Henderson. These clinics are just now beginning. We feel that these are necessary because so many of our young people were being operated in Driscoll Hospital and then returning to the clinic for follow-up of pro-

cedures that needed frequent visits by the surgeon.

We have continued our weekly foot clinics in which a podiatrist from Corpus Christi comes here and examines the patient and determines the foot problems that may be handled on an out-patient basis. We find many foot problems in these people because many work without shoes and some of these people develop foot problems that require special care.

This year we have also added optometric consultation for patients requiring eye glasses. We have found that many children in school have not done well because of the inability to see the black board or to concentrate on their reading. We have used a doctor in Corpus Christi and this has been very well received by our patients. Severe eye problems are referred to an eye specialist in Corpus Christi, Dr. Tempesta, who handles those that require eye surgery.

In our Social Service we have added an additional nun this year, who specializes in child guidance. She is able to counsel the unwed mothers and children who might possibly have drug problems or problems adjusting to their families. The other two nuns continue to perform their social work in the clinic. They transport patients for us and frequently do out-reach work to see what type of environment the family lives in or how we can improve their environment with additional help from other agencies.

An additional accomplishment this year has been the registration and issuing of cards to the migrants and seasonal farmworkers. This has been a very determined task and it is proving to be very helpful in attracting patients to the clinic to receive the services that they would not normally know were available. This also speeds up registration of patients when they come into the clinic because all they have to do is present this card and their charts are pulled and their files are kept up to date. The continual re-registration and registration of patients goes on throughout the year as patients migrants into our community or leave the community. There is always constant review of the patients to see that they fall within the guidelines of the 24 month migration rule.

This year found also the inclusion of other physicians within the county who have desired to participate in the program in their own offices. The patients are allowed to use them on an out-patient basis and this has relieved some of the burden of transporting patients from far away towns in the county. This has been well received by the physicians and we feel that it is an additional asset to our program.

Perhaps the most exciting accomplishment this year was the addition of hospitalization to our program for migrant families. At this writing this program is just beginning operation and no figures have been developed on this. However, we have stressed over the past several years the tremendous need of filling the

gap between the severely ill patients who require surgery and allowing this to occur in his own community and not having to transport him 200 or 300 miles away to a hospital.

In our next year we hope to add a psychiatric consultant to the staff for the emotional problems we are unable to handle on a local basis. Some of these people require psychiatric care and if this can be done locally in our clinic, we will attempt to do so.

We have also continued this year to provide obstetrical delivery in the clinic for those patients unable to afford the big city hospital or who do not desire to deliver with a mid-wife. This continues to be a most distressing problem. We feel, however, that with the addition of hospitalization, we will be able to improve the obstetrical care tremendously by seeing patient who would possibly develop problems at home. Within this past year, we have had to have patients brought in by ambulance for us to complete the delivery where a mid-wife got into trouble and didn't know what to do.

This year we also added ambulance service to the clinic facilities. The ambulance service is used for transporting emergencies to the clinic and from there to referral hospitals in the area. We have received tremendous cooperation from the individuals that run the ambulance service and we feel that this is a necessary part of a family health care center. We have also helped to train some of their personnel.

Of course none of the above could have been accomplished without the complete cooperation of our administration that we feel very deeply understands our problem and is very competent in handling the problem. By freeing me from the administrative problems, I have been allowed as medical director to pursue the goals for which I have been trained, that is, the delivery of health care to individuals. I feel that this is a very acceptable situation and I'm very proud of not only all of the referring doctors who have helped, the nuns, the dentist, but also my staff at the clinic for their devotion and their diligence in performing their duties.